REMARKS/ARGUMENTS

This is responsive to the Office Action mailed September 3, 2008, in the above-captioned application. In this response, claims 34-50 have been canceled without prejudice or disclaimer. New claims 51-52 have been added. As a result, claims 51-52 are pending in the present application. No new matter has been introduced in the present application.

Allowance of claims 51-52 is respectfully requested.

Rejections of Claims 34-50 Under 35 U.S.C. §§ 112 and 102

Since claims 34-50 have been canceled without prejudice or disclaimer, withdrawal of these rejections is respectfully requested.

New Claims 51-52

In an effort to expedite allowance of this application, which has been pending since 2000, Applicants present new claims 51-52 for the Examiner's consideration. These new claims include considerable detail as to various features of the present invention.

§112 support for the new claims is provided in at least the following portions of the specification (indicated in brackets following each clause of claims 51-52):

51.   (New) A computer-implemented high risk member identification method, comprising a computer performing the following:

identifying a group of members to be analyzed, each group member having an associated relative risk value, wherein the relative risk value for each member is a function of predicted future healthcare resource utilization for the member;**[p. 5, lines 12-28; p. 8, line 28 – p. 9, line 1]**

filtering the group members to identify members having an associated relative risk value that exceeds a threshold value of relative risk, thereby identifying a subset of the group members for potential intervention; **[p. 5, lines 12-24]**

creating a database of claim data for the subset members, wherein the database includes all medical diagnoses and healthcare utilization patterns for each subset member during a focus period, including any physician claims, facility claims and pharmacy claims associated with each subset member during the focus period; **[p. 5, lines 1-2 (block 14); p. 6, lines 1-8]**

analyzing the claim data of each subset member to ascertain the presence or absence of each of a plurality of intervenability factors present to the subset member, wherein the intervenability factors for each subset member are identified based upon aspects of each subset member's care history that are amenable to intervention by an intervention agent, and wherein the intervenability factors include: (a) whether the member visited the emergency room during the focus period, (b), whether the member had any in-patient hospital admissions during the focus period, (c) whether the member incurrent any out-of-network costs during the focus period, (d) whether the member visited more than three different provider specialists during the focus period, (e) whether the member was prescribed multiple pharmaceuticals during the focus period, (f) whether the member has no appropriate provider for a chronic episode during the focus period, (g) whether the member missed a target intervention during the focus period, and (h) whether the member fails to obtain fills of prescribed medication during the focus period; **[p. 7, lines 4-7; p. 7, line 27 – p. 8, line 17]**

assigning each subset member a number of intervenability factors representing a total number of the intervenability factors present in the subset member's claim data; **[p. 8, lines 17-18]**

assigning a relative risk ranking to each subset member based upon the subset member's associated relative risk value and the number of intervenability factors assigned to the subset member; **[p. 12, line 28 – p. 13, line 27]**

determining one or more top medical episodes driving risk of each subset member, wherein the top medical episodes are determined by examining the subset member's claim data by diagnosis code or medical episode to determine which of the subset member's medical conditions has the highest associated cost; **[p. 7, lines 15-17; p. 26, lines 7-28]**

displaying (a) a list of the subset members ordered by respective relative risk rankings and (b) the relative risk value for each subset member; **[p. 12, lines 18 - p. 13, line 27; Fig. 3]**

receiving a selection of one or more displayed subset members by an intervention agent; and **[p. 14, lines 1-3]**

displaying demographic information, a utilization summary, risk factors including behavioral risk factors and self-care characteristics, the intervenability factors, and the one or more top medical episodes for each subset member selected by the intervention agent. **[p. 14, line 12 - p. 15, line 7; p. 17, line 9 - p. 24, line 20; p. 24, line 28, - page 25, line 29; Figs. 4-5]**

52.   (New) The method of claim 51, wherein the intervention agent may filter the displayed subset members by zipcode, county, group numbers, products, member ID or member names. **[p. 11, line 19 – p. 12, line 8]**

Claims 51-52 are Patentable Over the Art of Record

The primary prior art references that have been asserted in this case are Lash (US 2001/0020229) and Trusheim (US 6,385,589). However, in view of the detailed features of the present invention recited in new claims 51-52, Applicants believe that the invention has been presented in a sufficient level of detail to distinguish clearly over the teachings of Lash, Trusheim and the other prior art of record.

In particular, none of the prior art of record, read alone or in combination, discloses or suggests the following combination of features recited in claim 51:

(1) analyzing the claim data of each subset member to ascertain the presence or absence of each of a plurality of intervenability factors present to the subset member, wherein the intervenability factors include: (a) whether the member visited the emergency room during the focus period, (b), whether the member had any in-patient hospital admissions during the focus period, (c) whether the member incurrent any out-of-network costs during the focus period, (d) whether the member visited more than three different provider specialists during the focus period, (e) whether the member was prescribed multiple pharmaceuticals during the focus period, (f) whether the member has no appropriate provider for a chronic episode during the focus

period, (g) whether the member missed a target intervention during the focus period, and (h) whether the member fails to obtain fills of prescribed medication during the focus period

(2) assigning each subset member a number of intervenability factors representing a total number of the intervenability factors present in the subset member's claim data;

(3) assigning a relative risk ranking to each subset member based upon the subset member's associated relative risk value and the number of intervenability factors assigned to the subset member;

(4) determining one or more top medical episodes driving risk of each subset member, wherein the top medical episodes are determined by examining the subset member's claim data by diagnosis code or medical episode to determine which of the subset member's medical conditions has the highest associated cost;

(5) displaying (a) a list of the subset members ordered by respective relative risk rankings and (b) the relative risk value for each subset member;

(6) receiving a selection of one or more displayed subset members by an intervention agent; and

(7) displaying demographic information, a utilization summary, risk factors including behavioral risk factors and self-care characteristics, the intervenability factors, and the one or more top medical episodes for each subset member selected by the intervention agent.

Therefore, claim 51 as well as dependent claim 52 are believed to be patentable over the art of record.

Conclusion

This application now stands in allowable form and reconsideration and allowance is respectfully requested.

The Applicant invites the Examiner to contact the undersigned attorney should the Examiner believe that a telephone interview would be helpful in resolving any remaining issues associated with the pending claims.

This response is being submitted on or before December 3, 2008, making this a timely response. It is believe that no additional fees are due in connection with this filing. However, the Commissioner is authorized to charge any additional fees, including extension fees or other relief which may be required, or credit any overpayment and notify us of same, to Deposit Account No. 04-1420.

Respectfully submitted,

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